Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
(Column 1) (Column 2)								TYPE			SMALL	ENTITY	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FC	PR		NUMBER FILED		NUMB	ER EXTRA	ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGEA	BLE CLAIMS	20 mini	us 20=	• 0			X\$ 9=		OR	X\$18=		
INE	EPENDENT CL	AIMS	3 minus 3 =		• 0.			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+	-135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	LT	OTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								l		J	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								MALL E	ENTITY	OR .	SMALL E	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* / /	Minus	** 2	0	= (>	(\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	***	3	= (1)	,	X40=		OR	X80=		
	FIRST PRESE		JLIPLE DEP	ENDEN	CLANV		+	.135=		OR	+270=	0	
				·			<u> </u>	TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)	•	(Colu	mn 2)	(Column 3)		OIT. FEE		ц .	ADDII. FEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		(\$ 9=	1	OR	X\$18=	1 55	
	Independent	*	Minus	***		=	1	X40=			X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM] -		<u></u>	OR	7002		
							<u></u>	135=		OR	+270=		
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	•	(Column 1)		(Colu		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	A STATE OF THE STA	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	」	(S 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X40=			X80=		
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├			OR			
								135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
••	If the "Highest Nu	mber Previously P	aid For IN THIS	S SPACE	is less tha	in 20. enter "20)." ADI			OR	TOTAL ADDIT. FEE		